



LEGISLATIVE AND COURT SERVICES MEMORANDUM

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TO: MAYOR J. LEHMAN, AND MEMBERS OF COUNCIL

FROM: T. MCARTHUR, COMMITTEE SUPPORT CLERK

RE: LIQUOR SALES LICENCE APPLICATION REVIEW – GLOW DAY SPA, 178 ESSA ROAD

DATE: MAY 3, 2021

The purpose of this Memorandum is to advise members of Council that a Municipal Information Form and an associated City of Barrie Liquor Licence Application Questionnaire was received from an establishment named Glow Day Spa located at 178 Essa Road, Barrie. The documents were circulated to City Departments and community stakeholders upon receipt.

Concerns regarding zoning, non-compliance with by-laws, or general objections to the application may be directed to the Alcohol and Gaming Commission of Ontario (the issuer of liquor sales licences) through the City Clerk by Wednesday, May 12, 2021 as follows:

Alcohol and Gaming Commission of Ontario
c/o Wendy Cooke, City Clerk/Director of Legislative and Court Services
The City of Barrie
P.O. Box 400
70 Collier Street
Barrie ON L4M 4T5
Fax: (705) 739-4243
Email: cityclerks@barrie.ca

All comments received as of the deadline, will be compiled and submitted to the Alcohol and Gaming Commission of Ontario for its review and consideration as part of the Commission's liquor licence issuance process.

APPENDIX "A"

MUNICIPAL INFORMATION FORM
CITY OF BARRIE LIQUOR LICENCE APPLICATION QUESTIONNAIRE



Alcohol and Gaming Commission of Ontario
Licensing and Registration
90 SHEPPARD AVE E SUITE 200
TORONTO ON M2N 0A4
Fax: 416-326-8711
Tel: 416-326-8700 or 1-800-522-2876 toll free in Ontario.

Municipal Information

The information requested below is required in support of all applications for a new Liquor Sales Licence or outdoor areas being added to an existing Liquor Sales Licence.

Section 1 - Application Details

Premises Name GLOW DAY SPA INC.	Premises Telephone Number 705-734-3800		
Contact Name KIMBERLY CROOK	Contact's Telephone Number	Email Address	
Address 178 ESSA ROAD	City / Town BARRIE	Province / State ON	Postal Code L4N 3L1

Does the application for a Liquor Sales Licence include:

- ☒ Indoor areas
☒ Outdoor areas

Section 2 - Municipal Clerk's Official Notice of Application for a Liquor Sales Licence in your Municipality

Municipal Clerk:

Please confirm the "Wet/Damp/Dry" status below.

CITY OF BARRIE

Is the area where the establishment is located:

- ☒ Wet (for spirits, beer, wine) ☐ Damp (for beer and wine only) ☐ Dry

Note:

Specific concerns regarding zoning or non-compliance with by-laws must be clearly outlined **in a separate submission or letter within 30 days of this notification.**

Signature of Municipal Official	Title
Address of Municipal Office	Date YYYY MM DD



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Liquor License Application Questionnaire

GENERAL INFORMATION

Name of Establishment: (Registered name and Operating name, if different)	Glow Day Spa Inc.
Street Address of Establishment:	178 Essa Road, Barrie ON, L4N 3L1 Canada
Closest Intersection:	Hwy 400 / Essa Road
Mailing Address: (If different from the location of the establishment)	178 Essa Road, Barrie ON, L4N 3L1 Canada
Name of Owner: (Indicate individual sole proprietor, partnership or corporation, as appropriate) If partnership or corporation, provide names and contact information for all shareholders	Kimberly Crook, President Glow Day Spa Inc.
Name of Applicant: (if different from owner)	Kimberly Crook
Mailing Address for Applicant:	178 Essa Road, Barrie, ON L4N 3L1
Applicant Business Phone/Fax Number:	705-734-3800
Applicant Business E-mail address:	

Purpose of the Liquor License Application:

- ☒ New establishment
☒ New owner/operator of existing establishment

Name of previous business N/A

☐ Change to indoor occupant load/seating capacity (including addition or alteration to interior)

☐ Change to outdoor occupant load/seating capacity (including addition or alteration to outdoor patio)

☐ Other. Describe below

To allow light drinks , to customers receiving services.



Liquor License Application Questionnaire

SIZE AND LOCATION

What is the size (floor area) of the establishment?	<u>CURRENT</u> <u>Indoor Area</u>	<u>PROPOSED</u> <u>Indoor Area</u>	<u>CURRENT</u> <u>Outdoor Area</u>	<u>PROPOSED</u> <u>Outdoor Area</u>
	<u>4618</u> ft ² / m ²	<u>1033</u> ft ² / m ²	<u>1225</u> ft ² / m ²	<u>1225</u> ft ² / m ²
What is the occupant load and/or seating capacity of the Establishment?	<u>CURRENT</u> <u>Indoor Area</u>	<u>PROPOSED</u> <u>Indoor Area</u>	<u>CURRENT</u> <u>Outdoor Area</u>	<u>PROPOSED</u> <u>Outdoor Area</u>
	<u>48</u> Occupant load	<u>48</u> occupant load	<u>40</u> occupant load	<u>40</u> occupant load
	<u>48</u> Licensed capacity	<u>48</u> licensed capacity	<u>40</u> licensed capacity	<u>40</u> licensed capacity
	<u>20</u> Seating capacity	<u>20</u> seating capacity	<u>20</u> seating capacity	<u>20</u> seating capacity

Is the entire operation enclosed? (i.e. the operation is interior space only)
Yes X No

An accurate diagram/scaled floor plan indicating the proposed location of the licensed area(s) (ALL licensed areas including indoor and outdoor areas) is required to be attached to this form.

What is the distance to the closest other establishment(s) serving alcohol? 1000m ft/ m

Please provide the operating name(s) and describe the target market of other establishments serving alcohol within a 120 m (approximately 400 ft) radius of the proposed location:

BEER TOWN. RESTAURANT.

Note: If you require more space please attach additional documentation to this form.

What is the distance to the closest residential dwelling unit? 400 ft/ m

Does the subject property contain residential units?
Yes No X



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OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS

Hours of Operation of the business: Indoor Area 10am - 8pm Outdoor Area 10am - 8pm

Hours associated with alcohol sales Indoor Area 10am - 8pm Outdoor Area 10am - 8pm

What is the primary nature of the establishment? (i.e. family restaurant, fine dining, lounge/nightclub, bar/tavern, coffee house, etc)

Before 10 PM:

DAY SPA - ESTHETIC SERVICES

After 10 PM:

CLOSED

Describe your target market:

PRIMARILY WOMEN GETTING SPA SERVICES - EVENTS AND PARTIES. BRIDAL SHOWERS,

MOTHERS DAY, VALENTINES DAY.

Describe the proposed security both internally and exterior to the establishment (i.e. total number of staff, training or experience of staff, number of security persons):

Before 10 PM: TOTAL number of staff 22. Majority of Staff have Smart Serve training. 1 security person.

After 10 PM: CLOSED

Note: If you require more space please attach additional documentation to this form.

Are all security personnel trained and licensed? Yes _____ No ☒ Describe (i.e. in-house or hired service) IN HOUSE SECURITY

Note: If you require more space please attach additional documentation to this form.

Are exterior line ups (queues) anticipated for your establishment? Yes _____ No ☒



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Liquor License Application Questionnaire

Is either internal or external video surveillance planned for the establishment?

Yes ☒ No ☐ Describe

VIDEO SURVEILLANCE IS BOTH INDOOR AND OUTDOOR. HURONIA ALARMS 24/7 MONITORING

Note: If you require more space please attach additional documentation to this form.

Describe your plans for crowd management:

Before 10 PM: BY APPOINTMENT ONLY. MAXIMUM 48 PERSONS

Note: If you require more space please attach additional documentation to this form.

After 10 PM: CLOSED

Is a cover charge to enter the premises proposed? Yes ☐ No ☒ (routinely / special events)

What is the anticipated percentage of liquor sales to gross sales? 5%



Liquor License Application Questionnaire

Describe the nature of the proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	Indoor Area PEDICURE AND MANICURE CHAIRS WHILE RECEIVING SERVICE.
	Outdoor Area PEDICURE AND MANICURE CHAIRS WHILE RECEIVING SERVICE.
Describe any food preparation facilities for the venue:	Indoor Area SMALL KITCHEN UPSTAIRS. WET BAR AREA DOWNSTAIRS.
	Outdoor Area N/A
Describe any other type of business to be operated from the establishment on a permanent basis, or from time to time (i.e. bakeshop, variety store, grocery store, billiard hall, take-out restaurant, adult entertainment, non-motorized refreshment vehicles, etc?):	Indoor Area NO
	Outdoor Area NO
If yes, are the businesses physically separated from the licensed area(s) so that access or exits to and from the other business are not through the licensed area(s)? Provide full details:	Indoor Area N/A
	Outdoor Area N/A
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area N/A
	Outdoor Area N/A



Liquor License Application Questionnaire

Describe any musical entertainment to be provided (i.e. dance floor, live/recorded music, amplified sound, etc)	<u>Indoor Area Only</u>
	<p>Dance Floor</p> <p>Yes _____ No <u>X</u></p> <p>Live Music</p> <p>Yes <u>X</u> No _____</p> <p>Recorded Music</p> <p>Yes <u>X</u> No _____</p> <p>Amplified Sound</p> <p>Yes <u>X</u> No _____</p> <p>Unamplified Sound</p> <p>Yes <u>X</u> No _____</p>
	<p><u>Outdoor Area Only</u></p> <p>Dance Floor</p> <p>Yes _____ No <u>X</u></p> <p>Live Music</p> <p>Yes _____ No <u>X</u></p> <p>Recorded Music</p> <p>Yes <u>X</u> No _____</p> <p>Amplified Sound</p> <p>Yes <u>X</u> No _____</p> <p>Unamplified Sound</p> <p>Yes <u>X</u> No _____</p>



Liquor License Application Questionnaire

OWNERSHIP/MANAGEMENT INFORMATION

Describe the owner or operator's performance record including any by-law violations, building, health, fire code deficiencies noted on an inspection report, and any pending charges or convictions or liquor license offences within the last 3 years:

NO ISSUES RECORDED

Has a principal officer of the business or a manager of the business been charged with or convicted of a liquor license related offence? Yes _____ No ☒ If yes, provide details of any pending charge or conviction

N/A

Do any of the principal officer(s) or managers of the business have a criminal record? Yes _____ No ☒ If yes, provide a copy of the criminal records check

N/A

Is there a pending charge or conviction against the business related to a liquor related offence? Yes _____ No ☒

List the names and addresses of any other licensed establishments in Canada owned or operated by the same operator or owner:

N/A

Note: If you require more space please attach additional documentation to this form



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Liquor License Application Questionnaire

I, KIMBERLY CROOK (name of applicant/owner), hereby certify that the information provided pursuant to this liquor license application questionnaire is true, accurate and complete to the best of my knowledge and ability. I understand and acknowledge that if the information with respect to the establishment changes materially, I am responsible for completing and submitting an updated questionnaire. I further understand and acknowledge that the submission of an incomplete questionnaire or the inclusion of false statements is deemed to be a breach of any business license issued by the City and may be grounds for such license to be revoked

Kimberly Crook
Signature of Applicant

Sworn (Affirmed) before me at The City of Barrie,
in the Province of Ontario on the 20th day

APRIL, 20 21

President
A Commissioner, etc.

NOTE: This is a sworn (affirmed) affidavit of the deponent only. No investigation has been conducted by this authority to confirm or verify the above sworn information.

The CRIMINAL CODE OF CANADA provides that: everyone commits perjury who, with intent to mislead, makes before a person who is authorized by law to permit it to be made before him a false statement under oath or solemn affirmation by affidavit, solemn declaration or deposition or orally, knowing that the statement is false, is guilty of an indictable offence and liable to a term of imprisonment not exceeding fourteen years (Section 131, 132), or by summary conviction (Section 134).

Personal information on this form is collected to determine any concerns with zoning, non-compliance with any by-laws or general objections to the application by City Council, the municipality, residents, and/or organizations within the municipality. The document and any associated submissions will be made available on the City's website and distributed to various stakeholder organizations and resident associations as well as the Alcohol and Gaming Commission of Ontario. This document is a public record, despite anything in the *Municipal Freedom of Information and Protection of Privacy Act (1990)*, and, until its destruction, may be inspected by any person at the City Clerk's Office at a time when the office is open. Questions about this collection can be directed to the City Clerk, 70 Collier Street, Barrie, Ontario L4M 4T5 (705) 739-4220 Ext 4421.